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SUMMARY OF MID-TERM REVIEWS AND MAJOR EVALUATIONS OF COUNTRY PROGRAMMES

West and Central Africa

SUMMARY

The present report was prepared in response to Executive Board decision 1995/8 (E/ICEF/1995/9/Rev.1) which requested the secretariat to submit to the Board a summary of the outcome of mid-term reviews and major country programme evaluations, specifying, inter alia, the results achieved, lessons learned and the need for any adjustment in the country programme. The Board is to comment on the reports and provide guidance to the secretariat, if necessary. The mid-term reviews and major country programme evaluations described in the present report were conducted during 1996.

INTRODUCTION

1. In West and Central Africa, mid-term reviews of UNICEF-supported programmes took place in Benin, Equatorial Guinea and Mauritania in 1996. Chad and Nigeria carried out major evaluations of the previous country programmes, although the report from the Nigerian evaluation has yet to be finalized. Several countries undertook evaluations of sectoral programmes.

2. The different reviews and evaluations reflect the complex conditions that prevail in the region. In most countries, the economic situation remains difficult, with widespread poverty and per capita income decreasing for the majority of the population. Human development is also unsatisfactory; 19 of the 23 countries in the region belong to the category "low human development", as defined by the United Nations Development Programme. Maternal, infant and

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under-five mortality rates are generally high and illiteracy is common, particularly among women. Further, national capacities and social service infrastructures are often weak. The democratization process continues, but without a strong base, and while governance has been improved, political instability is a major problem in many countries. Some countries experienced complex emergency situations in 1996 (Liberia, Zaire) or are trying to recover from previous armed conflicts (Chad, Sierra Leone). Other countries suffer from sporadic outbreaks of ethnic or political violence, or have to deal with refugee problems which have spilled over from neighbouring countries.

3. In spite of the problems, the region has continued to progress in the strengthening and revitalization of primary health care (PHC) systems, which has led to sustained increases in immunization coverage in a number of countries. Spectacular progress is being made in the fight against guinea worm disease, and all countries have or are in the process of passing legislation on the iodization of salt. While some countries have shown an overall decrease or stagnation of primary school enrolment rates, others have achieved notable progress, particularly in girls' education.

4. The mid-term and country programme reviews that have been undertaken are all leading to changes in the programmes. In Benin and Equatorial Guinea, the main strategic thrusts are being kept, but some adjustments and reinforcements are being introduced. In Chad, the changes are more comprehensive, aiming at a more general amelioration of programme performance and effectiveness. In Mauritania, the strategic emphasis is being shifted from placing an absolute priority on child survival to giving more attention to the rights to development, protection and participation.

MID-TERM REVIEWS

5. The three countries with mid-term reviews in 1996 are all least developed countries with about the same per capita income and low human development. The country programmes being reviewed cover the period 1994-1998 and were developed within the framework of the national programmes of action (NPAs) to achieve the goals of the World Summit for Children. During the review process, national and regional institutions and consultants were brought in to undertake studies and evaluations. The programme objectives have been analysed in light of, inter alia, the Convention of the Rights of the Child; assessments have been made of the implementation and cost-effectiveness of programme activities; and the funding situation has been considered.

Benin

6. Benin has the largest population of the three countries at 5.3 million in 1994. The peaceful democratic transition in 1990, together with a steady economic development, have created the basis for progress in social conditions, although the devaluation of the franc de la Communauté financière africaine (franc of the African Financial Community) in 1994 led to price increases, limited government capacity to support the social sector and reduced household purchasing power. Revitalization of the PHC system according to the principles of the Bamako Initiative has been adopted on a national scale, and the country has achieved and sustained high vaccination rates. Primary school enrolment of boys is high, but the girls lag far behind. Multi-party elections were held in 1996, resulting in a change of president and Government.

7. The mid-term review was based on an intensive sector-by-sector review of the country programme, in which the Government, local and national non-governmental organizations (NGOs), bilateral donors and United Nations agencies participated. Prior to the review, the situation analysis was updated and an overview of all studies and evaluations conducted in 1994-1995 was compiled.

Principal achievements

8. Health and nutrition. Significant success has been achieved with the Bamako Initiative strategy, with 85 per cent of the population having access to health centres, of which 87 per cent are self-sufficient with regard to operating costs. However, only 34 per cent of the population are actually using the centres. The broad availability of a minimum package of preventive and curative health care has brought demand for oral rehydration salts to more than 100,000 sachets per month, immunization coverage for all antigen to more than 82 per cent of children under one year old and assisted births to 50 per cent of pregnancies. Some 70 per cent of all salt is iodized and vitamin A capsules are distributed by all health centres in endemic areas. The Government has agreed to fund all vaccines by the year 2000, starting with 8 per cent of costs in 1996.

9. Education. A demonstration project in 30 villages linking primary schools with their surrounding communities increased school enrolment by 37 per cent and that of girls by 66 per cent, but insufficient infrastructure and teaching capacity, as well as parents' reluctance to send their children and particularly girls to school, limit expansion of the project.

10. Children in difficult circumstances. This project brought increased attention to the phenomenon of vidomégons (some 100,000 domestic child workers who are often deprived of education and sometimes mistreated) and advocated for their rights to be respected.

11. Water and sanitation. This project was affected by a change in the national rural water supply strategy in 1995. The new strategy gave priority to communities being able to contribute to the costs of water instead of to populations affected by water-borne diseases, including guinea worm (which had previously declined from 37,400 cases in 1990 to 2,200 cases in 1995). The new programme, which is supported by the Danish International Development Agency (DANIDA) and the World Bank, among others, has caused delays in the implementation of the country programme, although 40,000 rural people gained access to clean water in 1994.

12. Social mobilization. Significant efforts were made to advocate for child rights, but communication aimed at behaviour change in the social sectors lagged behind.

Lessons learned

13. The programme strategies are contributing to the achievement of several NPA goals. Only the water and sanitation goals have to be reconsidered. More attention should be given to community-level health, malnutrition and malaria prevention. There is a further need to better target interventions on the most needy populations, to focus on specific geographic areas and to support a

minimum intersectoral package of activities which can be sustained by communities as well as replicated and expanded. The Bamako Initiative strategy requires further fine-tuning of the community management system and integration with other sectors. The national rural water supply programme should address the needs of guinea worm-endemic and poor villages, and the contribution of UNICEF to the programme should be reviewed. The social mobilization programme should emphasize behaviour change linked to all sectors to enhance programme sustainability, and efforts aimed at popularizing the Convention on the Rights of the Child should be strengthened. Additional resources are needed to consolidate the health/nutrition programme and secure efforts related to water and sanitation.

14. The recommendations are being implemented by adjusting the project objectives and strategies for the remainder of the programme cycle. Specific actions include adjusting target areas and populations, improving cost-effectiveness analyses and revising the protocol between the rural water supply programme and UNICEF. The success in particular of the Bamako Initiative strategy in Benin presents opportunities for developing a "second generation strategy", focusing on broader linkages of service delivery structures with community management and behaviour change activities on one hand and national and subnational support and reference institutions on the other.

Equatorial Guinea

15. Equatorial Guinea is small, isolated country, which, after a long period of crisis characterized by economic problems and widespread poverty (more than two thirds of the 400,000 population being absolutely poor) as well as political tensions, has embarked upon a policy of deliberate change to improve living conditions. This is encouraged by increases in oil exports and per capita gross national product and a democratization process which began in 1992.

16. Government officials, United Nations agencies and representatives of bilateral donors and NGOs participated in intensive sector-by-sector reviews of the various projects and programmes before the conclusions were discussed with senior government officials and decisions taken for future action. A number of achievements were noted, but owing to limited government capacity, UNICEF had to undertake many operational tasks that were more properly the responsibility of Government.

Principal achievements

17. Health and nutrition. Progress has been made in immunization (coverage increased from 50 to 63 per cent), oral rehydration therapy (coverage increased from 45 to 86 per cent) and malaria prevention (6,000 impregnated bed-nets were distributed). In addition, community-level capacity has been improved through the training of 160 traditional birth attendants. Legislation on the importation of iodized salt has been adopted. However, limited progress has been made with regards to community participation in the health sector.

18. Early childhood development (ECD). ECD preschool centres have been constructed through community contributions for almost 9,000 children aged 3 to 6 years. Some one fifth of the education costs per child are covered by the communities.

19. Water and sanitation. Community contributions are also important in this sector, where 151 water points and 490 latrines were built in collaboration with NGOs, 51 local agents and technicians were trained and 103 community water management committees were created. However, the hygiene education sector needs to be strengthened.

20. Women. Income-generating activities for women were more sporadic. Some 44 groups were trained, but this includes only 16 per cent of the planned target group.

21. Social mobilization and communication. Support was provided for sectoral programmes and advocacy for the Convention on the Rights of the Child. There was little evaluation of the impact on behaviour change.

Lessons learned

22. In addition to specific sectoral recommendations, important lessons were learned from the mid-term review. More emphasis should be placed on the development of strategies to ensure sustainable service delivery, supported by social mobilization and communication efforts. To obtain greater impact and synergy, the different projects should be better integrated. Efforts to strengthen local capacity and community participation should continue and be better targeted. Further measures should be taken to transfer more responsibilities to government services. Finally, more supplementary funds were needed to consolidate the results of the projects and programmes.

23. The recommendations are being implemented in various ways. Those recommendations concerning the country programme directly are being implemented through adjustments to the 1997 project work plans, in consultation with the Government. Recommendations concerning national policies and institutions are being implemented through advocacy related to the appropriate national structures, in collaboration with other agencies of the United Nations system.

Mauritania

24. Over two thirds of Mauritania's territory is desert, the economy is vulnerable and the urbanization rate is high, with nearly one half of the population living in urbanized areas. Multi-party elections were introduced in 1992, and the Government is strongly committed to improving social conditions. Recent efforts have also produced high vaccination rates and progress in basic education, particularly for girls. But under-five mortality rates are still high and illiteracy is common, especially among women.

25. The mid-term review was conducted through close consultation in all sectors between the Government and UNICEF, and included NGOs.

Principal achievements

26. Health and nutrition. All 53 health centres and 55 per cent of the 300 health posts have been revitalized in line with the Bamako Initiative strategy (with treatment costs 30 per cent below plan). Government-led campaigns have assured 95 per cent measles and polio immunization coverage among children under five years old. However, women's health is not fully addressed, and management of the logistics for immunization is still largely borne by UNICEF. The number

of cases of guinea worm disease has been reduced from 5,200 in 1993 to 1,700 in 1995, and an integrated strategy has been adopted to allow village health agents to address other health issues, such as malaria.

27. Integrated area-based programme (IABP). The urban component of this programme has piloted an approach to water supply which provides water at 30 per cent of the market cost to 30,000 poor peri-urban dwellers and offers an avenue of cooperation with a number of NGOs and community associations. On the other hand, the rural component of IABP has had limited results.

28. Education. This programme has contributed to improving the information base for policy decisions and has complemented a government-led campaign to increase primary school enrolment (from 45 per cent in 1990 to 78 per cent in 1995) by promoting community participation in formal and non-formal approaches.

29. Advocacy and social mobilization. This programme has focused on health education, especially for women, through support to two rural radio stations.

30. Monitoring and evaluation. These activities included supporting a multi-indicator cluster survey (MICS), which contributed to the social sector database in the country, especially in education. Government capacities for evaluation, however, remain weak.

Lessons learned

31. Substantial progress has been made with regard to service delivery aimed at child survival, with the objectives of the 1994-1998 programme having already being achieved to a great extent. There is, therefore, a basis on which to proceed with the second phase of the programme, with more emphasis on the rights to development, protection and participation for children in line with the Convention on the Rights of the Child. Advocacy and capacity-building at the community-level should be reinforced, as projects formulated clearly on the basis of community "ownership" prove to be sustainable, while others often find difficulties during the implementation phase. In addition to PHC, greater attention should be paid to nutrition, education, youth, child protection, water, sanitation and hygiene.

32. Implementation of the mid-term review recommendations has been accepted as a responsibility of the Government and UNICEF, working through the preparation of the 1997 project work plans in collaboration with other donors, United Nations agencies and NGOs. The country programme management plan will also be refined to address a revised focus, including strengthening programme support for education. A critical activity will be to strengthen the skills of government counterparts in country programme planning and implementation.

MAJOR EVALUATIONS

33. During 1995-1996, there has been an increased emphasis on evaluative activities in the region. All country programmes presented to the Executive Board had integrated monitoring and evaluation plans, and most countries in the region also implemented MICS to evaluate national achievement of the mid-decade goals for children. The planning and training for these surveys have contributed to national capacity-building. The following provides an overview

of some conclusions and lessons learned from important evaluations of UNICEF-supported programmes in 1996. The recommendations from the evaluations are being followed up in the implementation of the ongoing country programmes or are being fed into the preparations of new programmes.

Country programme evaluations

34. In Chad, an evaluation of the 1990-1995 programme of cooperation was undertaken, highlighting both achievements and shortcomings. The programming environment is very difficult. The country is extremely poor and has been devastated by famine and war for several decades. Distances are great, infrastructure is lacking and one half of the country is inaccessible for several months of the year due to flooding. Since 1990, the armed conflict has diminished, but the country has undergone a period of political transition and instability, including, among others, frequent changes of ministers (the country has had 200 ministers in six years). Multi-party presidential elections were finally held in 1996.

35. The 1990-1995 programme review was based on operational research and evaluations, with the participation of government representatives, project officers, local committees and beneficiaries. The review showed mixed results. The programme contributed to increased awareness of decision makers and the formulation of sectoral policies in the areas of health, education and children in especially difficult circumstances. There was a reduction in the number of cases of guinea worm from 1,231 in 1993 to 80 in June 1996, the quality of the education system had been improved and a low-cost simple manual water drill had been developed. However, programme impact was very limited with regard to the access of the population to basic services in general and health in particular, and the empowerment of communities. In fact, the immunization rates fell despite all efforts, reaching the low figure of 16 per cent in 1995. In the area of social mobilization, the contribution of rural radio proved to be marginal, especially since most of the radio programmes were in French, rather than local languages. The shortcomings in programme performance are explained by ineffective planning and programming; climatic conditions, insecurity and logistic problems; insufficient decentralization and participatory strategies; inadequate management and implementation capacity; and limitations in funding.

36. The programme review recommended a series of corrective measures to help improve the implementation and performance of the new 1996-2000 country programme. A feasibility analysis of the new programme is being undertaken to objectively assess government capabilities to execute the programme. This will form the basis of the 1997 plan of action.

Sectoral evaluations

Health

37. Most of the evaluations or in-depth case studies related to health have focused on strengthening or revitalizing PHC centres according to the principles of the Bamako Initiative. Generally, these evaluations show encouraging results in the sense that the health services have improved, although further progress is needed.

38. In Togo, the Bamako Initiative is being implemented nationally with the support of the German Agency for Technical Cooperation, the World Health Organization and UNICEF, and overall, there has been a clear improvement in the independence and functioning of the health centres. This has resulted in greater access to basic health services for the population in the target areas. There are problems, however, related to shortages of essential drugs, poor management of funds by the centres, weak community participation and generally low use of curative services. A further evaluation on the quality of services is recommended to improve supervision activities.

39. In the Gambia, the Bamako Initiative is being implemented in selected health facilities in peripheral areas, and here financial and other arrangements are working fairly well and community participation and motivation are high. The health facilities utilizing the Bamako Initiative are being used more than other facilities, but the availability of drugs has not improved. One reason for this is that personnel have not been properly trained in drug supply management. To maintain the high motivation of community members participating in the Initiative, the evaluation recommends more training and other support activities by higher-level authorities. The participation of women should also be increased.

40. In the Congo, where the Initiative is being implemented in certain areas, it was found that the quality of services and availability of drugs generally had improved, although the drug supply system remained inadequate. Community cost-sharing was effective, but in other respects participation was poor. In addition, the motivation of health staff was weak owing to unequal remuneration and weak supervision. It was also noted that the strong involvement of external agencies could undermine the sustainability of the health reform and that the Government would have to exert itself for the Initiative to expand.

41. An evaluation in the Dédougou district of Burkina Faso noted many positive achievements of the Bamako Initiative approach, such as the availability of essential drugs at all health facilities and the active involvement of health centre management committees. But in the long term, the supervision and support from the district level will be crucial to maintain the motivation of the committee members.

42. In the Côte d'Ivoire, community participation and co-financing of PHC activities were studied in the Bouaflé district, where the Bamako Initiative has been implemented for about two years, and cost-recovery was found to be effective. However, supervision from the district level was inadequate and the motivation of health centre committee members was low. Therefore, increased support and training are recommended.

43. A crucial factor for the successful implementation of the Bamako Initiative is the supply system. In Guinea, the evaluation of the national supply system was positive. After eight years, some 300 health centres were being supplied with remarkable regularity. But it was noted that certain structural and organizational problems exist at the central level which can compromise the long-term capacity of the system in the absence of donor support.

44. In Burkina Faso, an external evaluation of the reform of the national essential drugs supply system, supported by various multilateral and bilateral donors, reported several problems. They included slowness of procedures, lack

of coordination and consensus between donors, unclear legal status of the Central Medical Stores and inability to cope with strong fluctuations in demand. It is emphasized that success will depend on improved coordination between donors and Government and better information flows between different services within the Government. Better tools for monitoring, projection and planning are also needed. It was concluded that external technical and supply assistance would have to be continued for some time.

Education

45. In Togo, a project supporting early child development centres in 27 selected communities was evaluated after four years of implementation. It is reported that by taking care of their children, the community centres have allowed women to devote more time to income-generating activities. The project was useful in mobilizing parents and improving the quality of life of families, but women were finding it difficult to pay even the small amount of money required for the community centre caregivers. Therefore, other mechanisms are needed to help the women, such as revolving credit funds. It is also noted that the caregivers in the centres are insufficiently trained to make an impact on the children's performance.

46. An evaluation of a pilot project on girls' education in two regions in the Gambia highlighted some achievements, such as the active participation of communities and increased training of women teachers. But economic pressures and early pregnancies contributed to low rates of retention; schooling costs were high; female teachers were lacking in rural areas, especially in positions of responsibility, and at all levels in the educational system, there was a lack of trained personnel in gender issues; both teaching and learning materials were further marked by gender-stereotyping; and the coordination of external donors by the educational authorities was poor. These experiences are being fed into the 1997-1998 bridging programme, which is giving special priority to the education of girls.

Water, environment and sanitation

47. There was an external evaluation of the Santo Antao integrated project in Cape Verde, where it is noted that UNICEF has played an important coordinating and monitoring role and contributed to improved project management. Generally the project had a positive impact on the concerned communities, although the social components, such as health education, could have been stronger. Access to safe water increased from 40 to 70 per cent in the target area, and the communities now accept family latrines. The project encountered some problems due to the decentralization of government structures and, therefore, it was recommended that UNICEF should phase out gradually, leaving local counterparts to take over step by step. But the Government did not share this view, and the new phase of the project is now being implemented by the municipalities without UNICEF involvement.

48. In the Zou Department in Benin an evaluation confirmed the viability and sustainability of the community structures that had been put in place to manage the water points. The structures not only ensure continued safe water supply, but also reap other benefits, such as the financing of other development initiatives, and contribute to guinea worm control. But the programme also had weak points, such as the inadequate participation of women and youth in the water committees, weak financial management by the committees and insufficient health education of those who continued to use traditional water sources.

49. In Burkina Faso, an urban pilot project in water and sanitation was evaluated after two years, and a number of achievements were noted: mechanisms of participation were established through group representatives and parts of the populations were mobilized; hygiene conditions were improved overall; school latrines were introduced; and women community agents were trained. However, the achievements had not yet firmly taken root and could be reversed at a later stage.

50. The Gambia evaluated a pilot rural environmental sanitation programme for some 15,000 people, and it was found that latrines on a cost-sharing basis had become acceptable and affordable for the beneficiaries. But programme implementation had been too cumbersome and bureaucratic owing to the large numbers of actors involved. In addition, different implementing departments had not coordinated their inputs, thereby neglecting health and hygiene education. Further, the extension workers were overworked and undersupported, and the community health nurses had not received proper support from supervisors.

51. An evaluation of the health and hygiene education materials used in the Nigeria water, environment and sanitation programme clarified that such materials had very little impact since most of the target population had already received information from health workers or the local town criers. Thus, knowledge about the causes and prevention of guinea worm disease was already high. As a result, it is recommended to organize training workshops in health communication for health workers and town criers.

Integrated basic services

52. The UNICEF Regional Office led an evaluation of this programme at Aguié in Niger, which was funded by the Finnish National Committee. Overall, the programme had increased access to PHC, schooling and water supply in the target communities and had improved the well-being of the population through support to literacy classes, income-generating activities, food production, tree nurseries and environmental education. However, a number of substantial changes were recommended, including the discontinuation of support to certain activities which were not having an impact, more support to social mobilization of the population and more reorientation towards women. The programme was subsequently changed in collaboration with the concerned authorities and the donor.

CONCLUSIONS

53. It can be noted that a recurrent theme is the importance of further development and strengthening of community participation, social mobilization and behaviour change to make interventions in the social sectors effective and sustainable. Another theme which emerges is the need to strengthen local institutional capacities, especially at subnational and peripheral levels, to keep pace with evolving trends towards decentralization and to ensure that adequate support is provided to community-level structures and mechanisms. Furthermore, there is considerable emphasis on the cost-effectiveness and synergy that can be obtained by the intersectoral integration of interventions, particularly at the community level.